

Name
in
Full

Samuel S. Badders

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

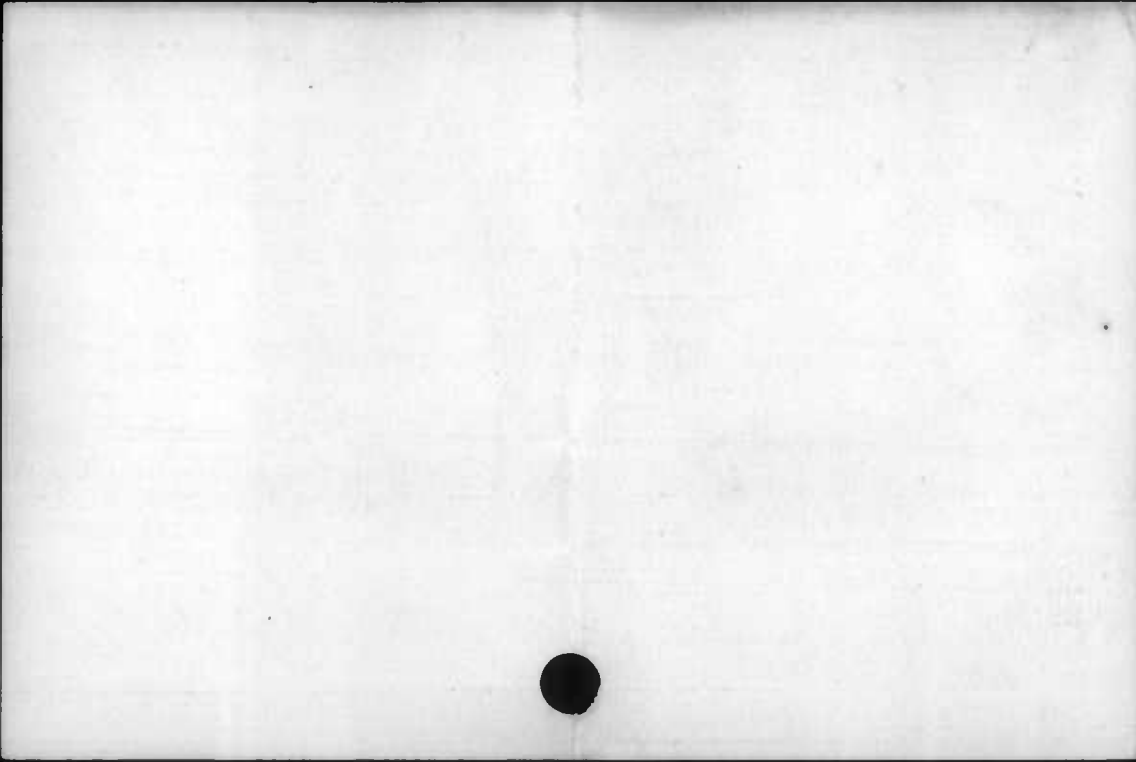
Died at <u>Conowingo</u> ^{Town}			<u>Cecil</u> ^{County}			MARYLAND	
Date of death	19 <u>40</u>	Month <u>1</u>	Day <u>1</u>	Age <u>18</u> ^{Years}	Months <u>8</u>	Days <u>16</u>	
Sex <u>Male</u>	Color or Race <u>White</u>			Birth-place <u>Pilot md.</u>			
Occupation <u>Laborer</u>				Where Residing if not at place of death <u>Conowingo md</u>			
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>—</u>					
Father's Name <u>J. Warren Badders</u>					Father's Birthplace <u>Pilot ..</u>		
Mother's Maiden Name <u>Mary E. Spence</u>					Mother's Birthplace <u>Conowingo</u>		
Name of person giving information <u>E. H. Badders</u>					How related to deceased <u>Brother</u>		

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Run down by a full truck small shifting engine
Shocked from injury

Primary	<u>Fractured lower limbs & possibly internal</u>	How long	<u>2 hours</u>
Immediate	<u>Paralysis of heart</u>	How long	<u>✓</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>H. M. Ragan</u>	
		Address <u>Conowingo md.</u>	
Accident or Swindle ?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Madeline S Bell* Town *Part-* County *Wesport-* *Wesport* **MARYLAND**

Died at *Part-* Month *Jan* Day *27* Age *1* Years Months *4* Days *7*

Date of death *1940*

Sex *Female* Color or Race *Caucasian* Birth-place *Part-Wesport*

Occupation _____ Where Residing if not at place of death _____

Married, Single
or ~~Widowed~~Name of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
InformationHow related
to deceased

CAUSES OF DEATH

93

Primary

Immediate

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Accident or Suicide

PHYSICIAN
OR CORONER

Cakeberry

L. Beck

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

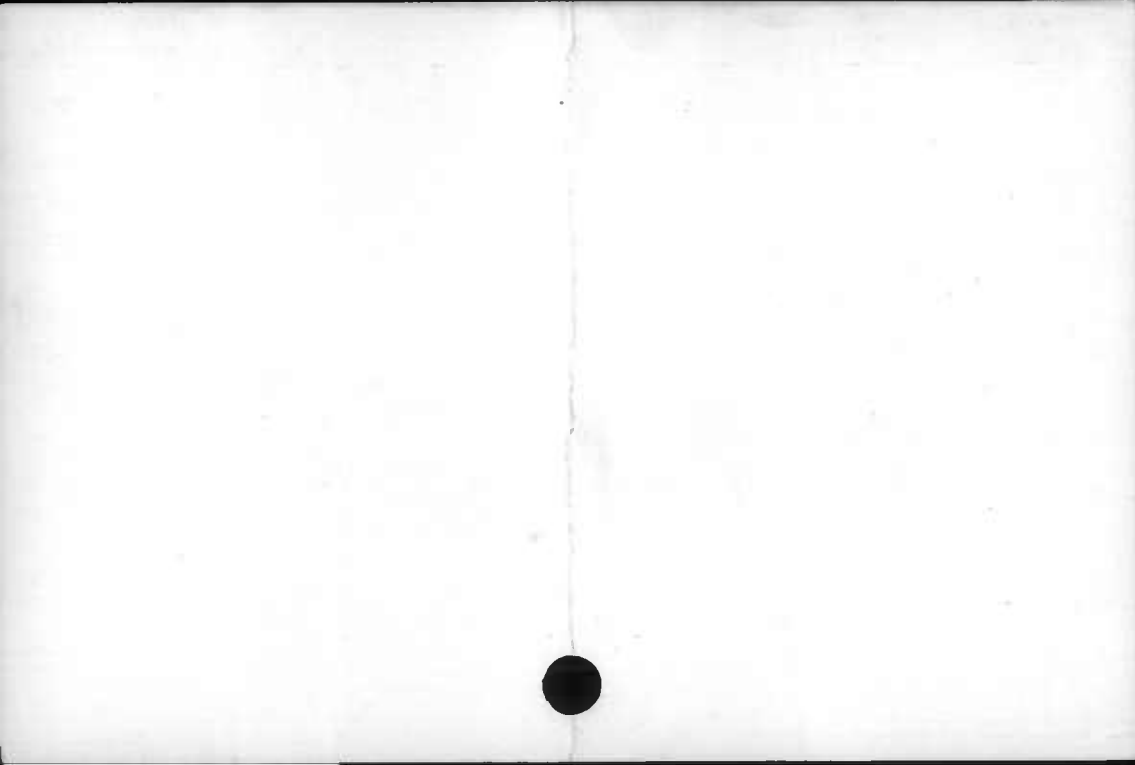
Died at <i>Park Heights</i>		County <i>Anne</i>			
Date of death <i>1900</i>	Month <i>Jan</i>	Day <i>21</i>	Age <i>34</i>	Years <i>—</i>	Months <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>New Valley Md</i>		
Occupation <i>Farming</i>	Where Residing if not at place of death <i>Park Heights Md</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>Louise</i>				
Father's Name <i>John H. Blackburn</i>	Father's Birthplace <i>Louis. C. Pa.</i>				
Mother's Maiden Name <i>Mary R. Ferguson</i>	Mother's Birthplace <i>Anne C Md</i>				
Name of person giving Information <i>John H. Blackburn</i>	How related to deceased <i>Father</i>				

CAUSES OF DEATH

99

PHYSICIAN
OR CORONER

Primary <i>Anthrax Poisoning</i>	How long <i>9 days</i>
Immediate <i>Heart Exhaustion</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. E. Clum</i>
	Address <i>Park Heights Md</i>
Accident or Suicide	



Name
in
Full

A Estie Bonnie

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Chesapeake City Town Cecil County MARYLAND

Date of death 1960 Month 1 Day 6 Age 55 Years Months Days

Sex Female Color or Race White Birth-place Ind

Occupation Housewife Where Residing if not at place of death X

Married, Single or Widowed Single Name of Wife or Husband _____

Father's Name David H Bonnie Father's Birthplace Ind

Mother's Maiden Name Ann Rebecca Hall Mother's Birthplace Ind

Name of person giving Information W E Penn How related to deceased Brother in Law

CAUSES OF DEATH

61

PHYSICIAN
OR CORONER

Primary Arterio Sclerosis How long 2 years 4 months

Immediate Typhoid Infection How long 6 days

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician Dr C Karstner

Address Chesapeake City, Md

Accident or Suicide X



Name
in
Full

Amanda A Borland

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} near Fair Hill ^{County} Cecil MARYLAND

Date of death 1900 Jan 28 Age 82 Months Days

Sex Female Color or Race white Birth-place Md.

Occupation Housewife Where Residing if not at place of death

Married, Single or Widowed widowed Name of Wife or Husband John C. Borland

Father's Name Alexander Abbeaud Father's Birthplace Bond Run

Mother's Maiden Name Margaret Patton Mother's Birthplace Bond Run

Name of person giving Information Sabrina A. Petrisac How related to deceased daughter

CAUSES OF DEATH

Primary

Asthma
La Grippe

How long

10 3 years

Immediate

How long

10 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

C. J. Carriaco M.D.,
Cherry Hill,
Md.PHYSICIAN
OR CORNER

Accident or Suicide

1964



Name
in
Full

Adis M. Barden

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Theodore</i>		Town		County <i>Cecil</i>		State <i>MARYLAND</i>	
Date of death <i>1960 Jan 28</i>		Month		Day		Age <i>few months</i>	
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Cecil Co Md</i>		Where Residing if not at place of death <i>Theodore</i>	
Occupation <i>none</i>		Married, Single or Widowed <i>—</i>		Name of Wife or Husband		Father's Birthplace <i>Cecil Co</i>	
Father's Name <i>Walter Barden</i>		Mother's Maiden Name <i>Isaac Phillips</i>		Mother's Birthplace <i>Cecil Co Md</i>		How related to deceased <i>mother</i>	
Name of person giving information <i>mother</i>							

CAUSES OF DEATH

Primary *Foramen Heart not Clear*

150 ✓
How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

B. A. Barden
N. Room

PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

Virginia L. Caldwell
Town Cecil County

CERTIFICATE OF DEATH

MARYLAND

Died at Exton

Date
of death 1980

Month 1

Day 21

Age 37

Months —

Days —

Sex Female

Color or
Race White

Birth-
place Maryland

Occupation Mother + Housekeeper

Where Residing if not
at place of death

Married, Single
or Widowed Married

Name of Wife or
Husband Wm Caldwell

Father's
Name John Lambert

Father's
Birthplace Maryland

Mother's
Maiden Name Laura Shierland

Mother's
Birthplace Maryland

Name of person giving
Information Wm Caldwell

How related
to deceased Husband

CAUSES OF DEATH

132

Primary

Abscess of Gallbladder Tube

How long

4 days

Immediate

Rupture of Dupe Proctitis

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

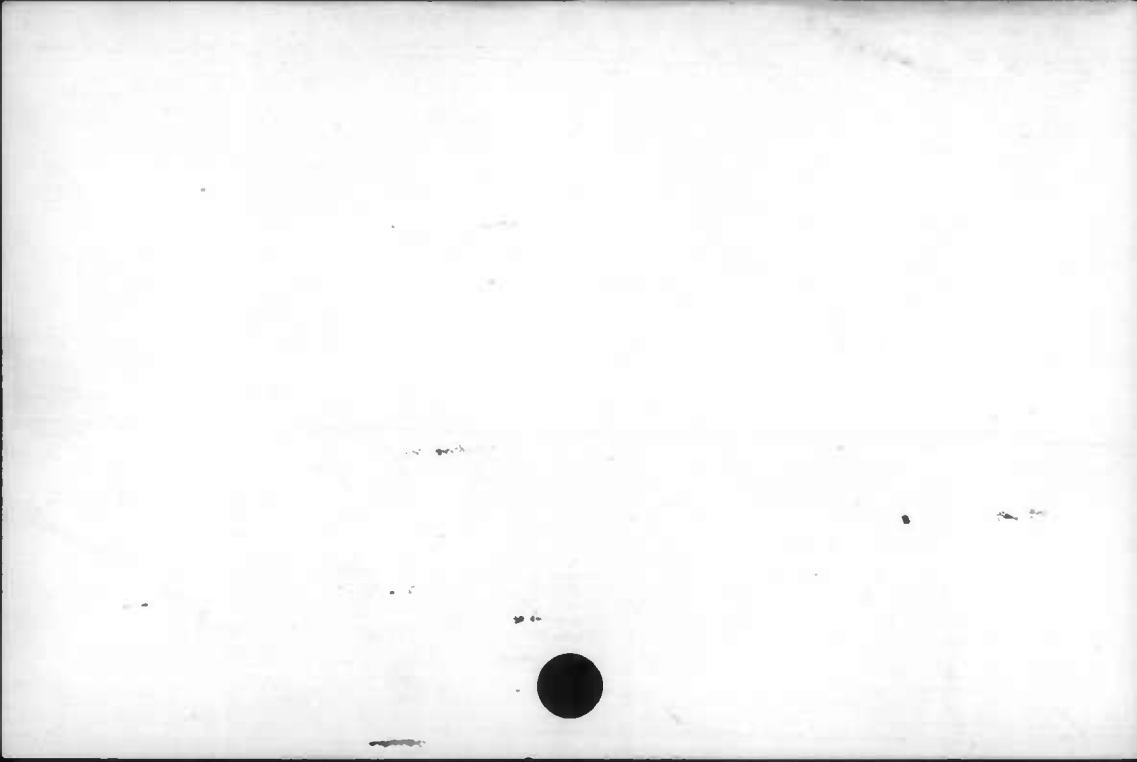
Address

Franz Frazer Coroner
Exton Md

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Clayton Caleb* Town *Chesapeake City* County *Prerel*
Died at *Chesapeake City* Maryland
Date of death 19*00* Jan. 30th Age *16*
Sex *Male* Color or Race *White* Birth-place *Ches. City, Md.*
Occupation _____ Where Residing if not at place of death _____

~~Married, Single~~
~~or Widowed~~ Name of Wife or Husband _____
Father's Name *John Caleb* Father's Birthplace *Md.*
Mother's Maiden Name *Lydia Curtis* Mother's Birthplace *Md.*
Name of person giving Information *Lydia J. Caleb* How related to deceased *Mother.*

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary *Attack of Indigestion* How long *a few hrs.*
Immediate *Helicetasis* How long *1/2 hr.*
Are the name, age, sex, color, date and place correctly given above? *Yes.* Signature of Physician *Clifton C. Lewis Md.*
Address *Ches. City, Md.*
Accident or Suicide



Name
in
Full

Was Arthur Carter

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

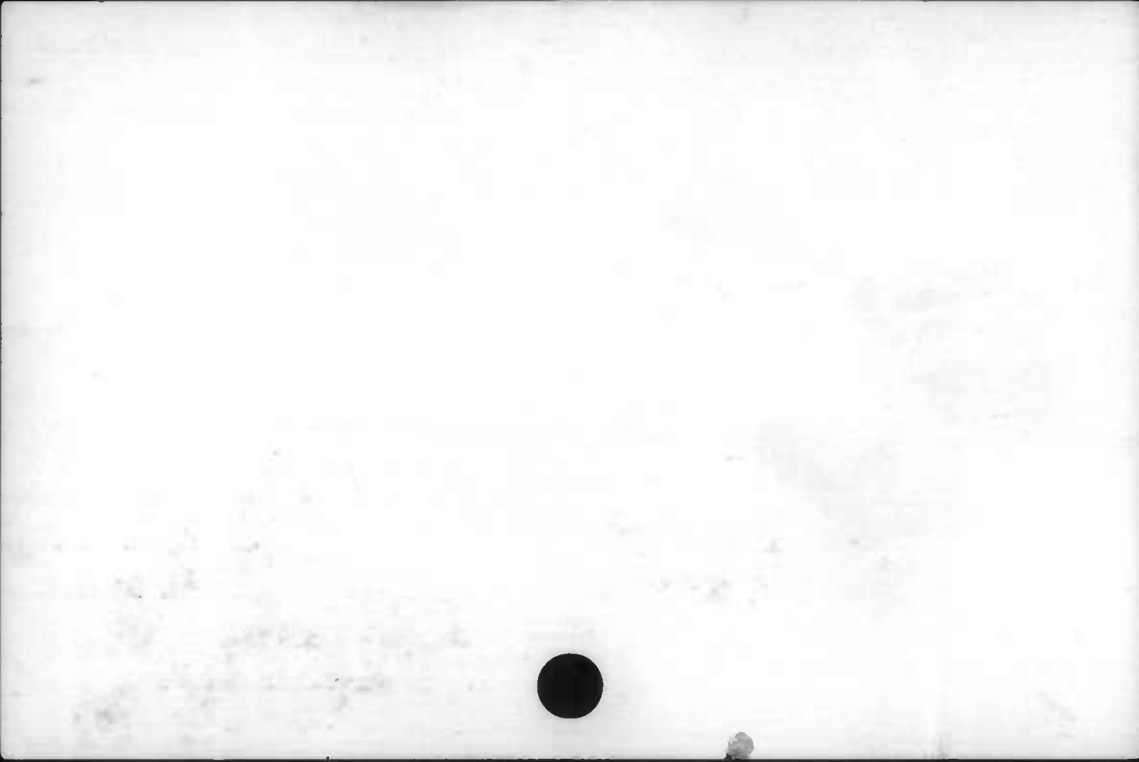
Died at Chesapeake City Cecil County
Date of death 1960 Month 1 Day 3 Age 19 Years Months Days
Sex Male Color or Race Colored Birthplace Cecil Co
Occupation Laborer Where Residing if not at place of death
Married, Single or Widowed Single Name of Wife or Husband
Father's Name Charles Carter Father's Birthplace Cecil Co
Mother's Maiden Name Alvin Parnick Mother's Birthplace Cecil Co
Name of person giving Information Charles Carter How related to deceased Father

CAUSES OF DEATH

157

PHYSICIAN
OR CORONER

Primary
Immediate Hung Himself How long Immediate
Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician James Frazer Corcoran
Address Easton Md
Accident or Suicide Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Not Named (Infant) *Christophers*

Town *Pleasant Hill* County *Quere* MARYLAND

Died at *Pleasant Hill*

Date of death 19*00* Jan *3rd* Age *18 hours* Months *0* Days *0*

Sex *Male* Color or Race *White* Birthplace *Pleasant Hill*

Occupation *Infant* Where Residing if not at place of death *Pleasant Hill*

Married, Single or Widowed *Infant* Name of Wife or Husband *Infant*

Father's Name *Robert Christopher* Father's Birthplace *Delaware*

Mother's Maiden Name *Robert Christopher* Mother's Birthplace *Delaware*

Name of person giving information *Robert Christopher* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

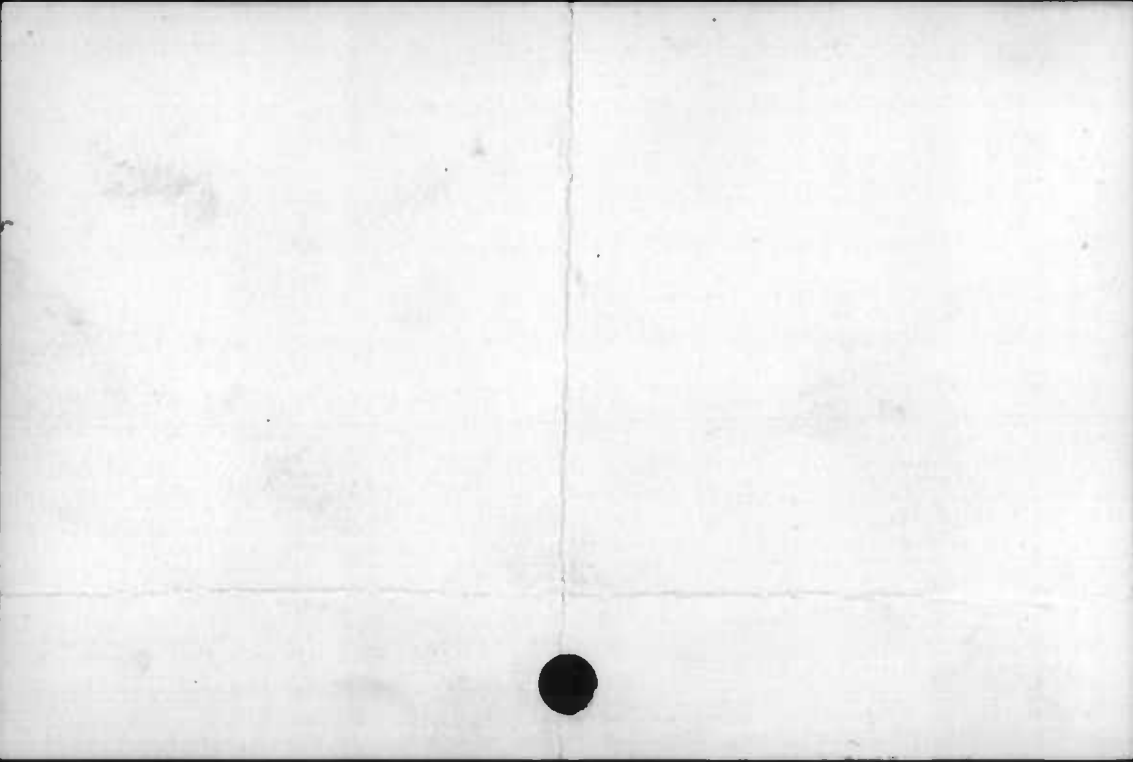
Primary *Injuries received at birth* How long *152*

Immediate *Shock* How long *18 hours*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *D. L. Gifford* Address *3rd St. Md*

Accident or Suicide? *Accident*



Name
in
Full

Wm G. Cook

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Near Extol

Cecil

Date

Month

Day

Years

Months

Days

of death 1900

1

7

Age

5' 2

Sex

Male

Color or
Race

White

Birth-
place

North Carolina

Occupation

Laborer

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

Unknown

Father's
Birthplace

Unknown

Mother's
Maiden Name

"

Mother's
Birthplace

"

Name of person giving
Information

Alfred Thompson

How related
to deceased

No

CAUSES OF DEATH

Primary

Chronic Interstitial Nephritis

How long

120

Immediate

Uremia

How long

12 hours

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

Frazer Frazer Coroner
Extol Md

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
FullThomas A. R. Hall
Died at Cecilton Cecil County

CERTIFICATE OF DEATH

MARYLAND

Date of death 19~~8~~10 / 1 / 13 Age 69 Months 10 Days 7
Sex Male Color or Race Black Birth-place Cecil Co Md.
Occupation Laborer Where Residing if not at place of death
Married, Single or Widowed Widower Name of Wife or Husband Francis Hall
Father's Name John Hall Father's Birthplace Unknown
Mother's Maiden Name Unknown Mother's Birthplace Unknown
Name of person giving Information H. Y. Hall How related to deceased Son

CAUSES OF DEATH

66

Primary Paralysis
ImmediateHow long 5 days
How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

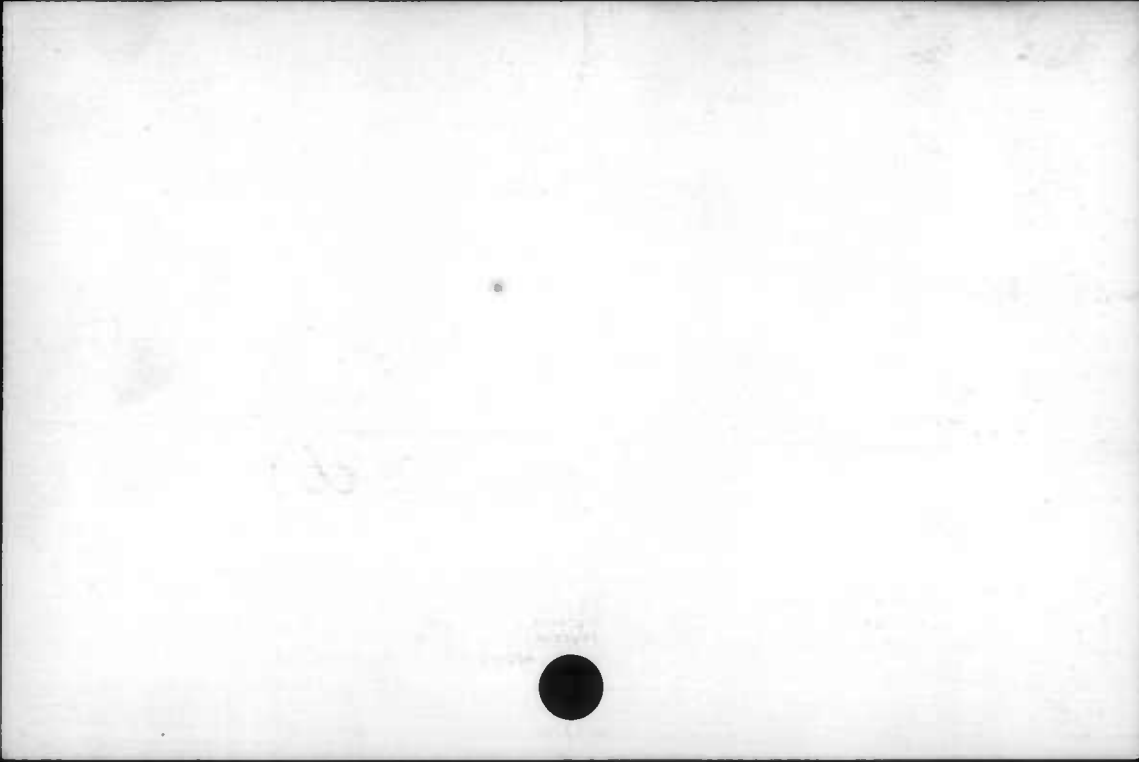
R. M. Black

Address

Cecilton Md

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Ellen Harlan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Near Appleton		^{County} Cecil Co		MARYLAND	
Date of death	1900	Month	Jan	Day	19
Age		82		Months	
Sex	Female	Color or Race	White	Birth-place	Penn
Occupation	Retired		Where Residing if not at place of death		
Married, Single or Widowed		widowed			
Name of Wife or Husband		Jord Harlan			
Father's Name	So not known			Father's Birthplace	
Mother's Maiden Name	So not known			Mother's Birthplace	
Name of person giving information	Mrs Mary Mathias			How related to deceased	None

CAUSES OF DEATH

18

V

PHYSICIAN
OR CORONER

Primary	Pneumonia Erysipelas.		How long	one week
Immediate	Apoplexy		How long	4+ hr.
Are the name, age, sex, color, date and place correctly given above?		yes		
Signature of Physician		J. B. Welsh.		
Address		Kemblesville Pa		
Accident or Suicide?		No		

262

Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Name *John E. Huddy or Huddy*
Town *Eck Mills* County *Cecil*

Died at *Eck Mills* Date of death *1980* Month *1* Day *22* Age *33* Years Months Days

Sex *Male* Color or Race *White* Birth-place *Unknown*

Occupation *Laborman* Where Residing if not at place of death

Married, Single or Widowed *Widower* Name of W.ife or Husband *Unknown*

Father's Name *Unknown* Father's Birthplace *Unknown*

Mother's Maiden Name *Unknown* Mother's Birthplace *Unknown*

Name of person giving Information *H.R. Breiser* How related to deceased *No*

CAUSES OF DEATH

Primary *Struck by car* How long *164*
Immediate *Fractured Skull* How long *175 V*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *Frank J. Brown*

Address *Eck Mills* Accident or Suicide *Accident*

PHYSICIAN
OR CORONER

263

Name
in
Full

Samh Jane Jenkins

CERTIFICATE OF DEATH

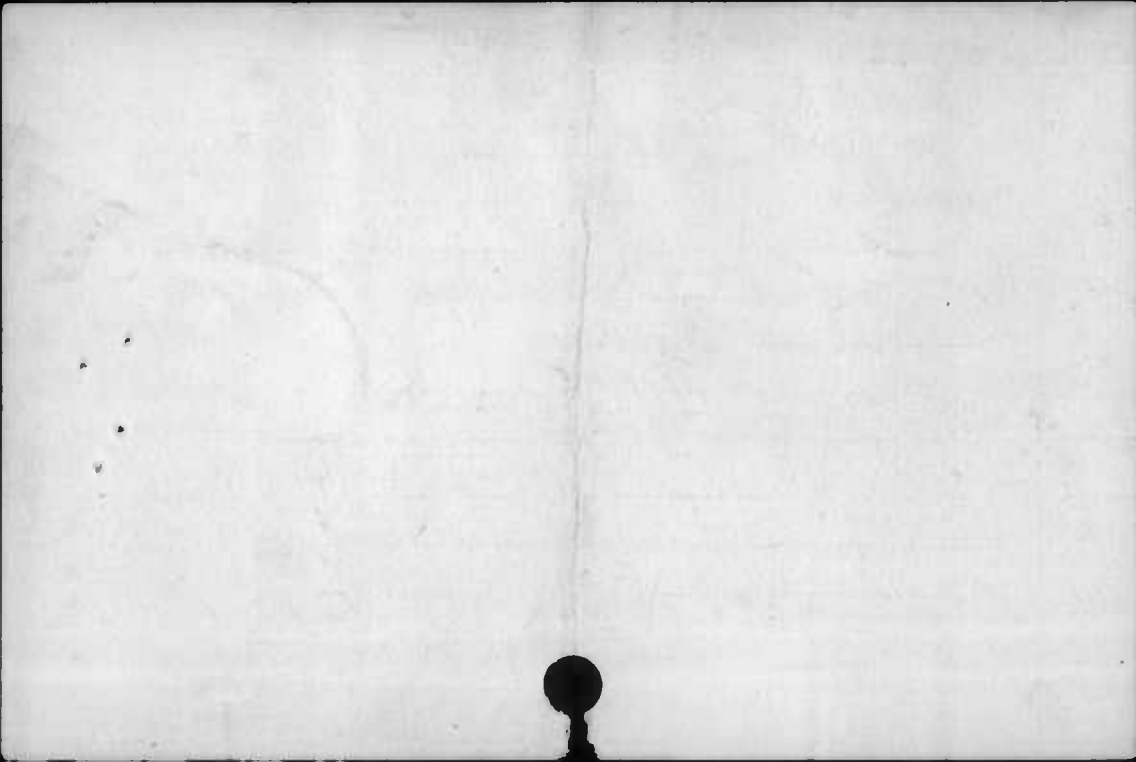
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Rising Sun Md</i>		<i>Cecil</i>		MARYLAND	
Date of death	19 <i>00</i>	Month <i>Jan</i>	Day <i>17</i>	Age <i>68</i>	Months <i>—</i> Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>Whi</i>		Birth-place <i>Rising Sun</i>		
Occupation <i>wife</i>	Where Residing if not a place of death <i>Rising Sun</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Jacob Jenkins</i>				
Father's Name <i>Patrick Duffy</i>	Father's Birthplace <i>Ireland</i>				
Mother's Maiden Name <i>Duffy</i>	Mother's Birthplace <i>Ireland</i>				
Name of person giving information <i>Jacob Jenkins</i>	How related to deceased <i>husband</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Acute Paralysis</i>	How long <i>7 days</i>
Immediate <i>Exhaustion</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Ernest Rowland</i>
	Address <i>Liberty Grove Md</i>
Accident or Suicide? <i>—</i>	



Name
in Full

Edward J Leedom

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
North East		Cecil					
Date of death	1940	Month	Jan.	Day	20	Age	61
Sex	Male	Color or Race	White	Birth-place	Probably being to hld		
Occupation	Butcher		Where Residing if not at place of death		North East		
Married, Single or Widowed	Married	Name of Wife or Husband	Malvina Leedom				
Father's Name	William Leedom			Father's Birthplace	Bucks Co Pa.		
Mother's Maiden Name	Ellen Barker			Mother's Birthplace	Bucks Co, Pa.		
Name of person giving Information	Stella Drime			How related to deceased	Niece		

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	Septicemia		How long	18 Months
Immediate	Uremic Convulsion		How long	Few Minutes
Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician	Thos A. Horrall
			Address	North East
				Med
Accident or Suicide				

Bayview

Name
in
Full

Elizabeth H McCordell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Port Deposit</i>		County <i>Cecil</i>		MARYLAND	
Date of death 19 <i>00</i>		Month <i>January</i>	Day <i>12th</i>	Age <i>23</i>	Months <i>0</i> Days <i>0</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Port Deposit, Md.</i>			
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>Port Deposit Md.</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Samuel M. Cardell</i>				
Father's Name <i>James Burlin</i>	Father's Birthplace <i>Port Deposit Md.</i>				
Mother's Maiden Name <i>Kate Hall</i>	Mother's Birthplace <i>Port Deposit Md.</i>				
Name of person giving information <i>Samuel M. Cardell</i>	How related to deceased <i>Husband</i>				

CAUSES OF DEATH

29 ✓

PHYSICIAN
OR CORONER

Primary <i>Acute Phthisis</i>	How long <i>2 years</i>
Immediate <i>Heart Failure</i>	How long <i>short time</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H E Clamon</i>
	Address <i>Port Deposit Md</i>
Accident or Suicide <i>No</i>	



Name
in
Full

Samuel James M^c. Cardell

CERTIFICATE OF DEATH

Died at

Port Deposit

Cecil

County

MARYLAND

Date

of death 190

Month

January

Day

1st

Age

0

Years

Months

6 months

Days

0

Sex

male

Color or
Race

White

Birth-
place

Port Deposit

Occupation

Where Residing if not
at place of death

Port Deposit

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Samuel M^c. Cardell

Father's
Birthplace

Cecil Co., Md.

Mother's
Maiden Name

Elizabeth H. Burlin

Mother's
Birthplace

Port Deposit

Name of person giving
Information

Samuel M^c. Cardell

How related
to deceased

Father

CAUSES OF DEATH

Primary

Pneumonia

How long

4 days

Immediate

Heart Failure

How long

few hours

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

H. E. Chumson
Port Deposit
Md

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

Elizabette McCullough

Died at

Port-Deposit

County

Cecil

MARYLAND

Date

of death

1900

Month

1

Day

27

Age

Years

73

Months

Days

Sex

Female

Color or
Race

white

Birth-
place

Cecil Co

Occupation

Housewife

Where Residing if not
at place of death

Married, Single
or Widowed

Married

Name of Wife or
Husband

James H McCullough

Father's
Name

William Kirk

Father's
Birthplace

Cecil Co

Mother's
Maiden Name

Fane Williams

Mother's
Birthplace

" "

Name of person giving
Information

James H McCullough

How related
to deceased

Husband

CAUSES OF DEATH

Primary

Heart disease

How long

5 years

Immediate

Angina of lungs

How long

4 days

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

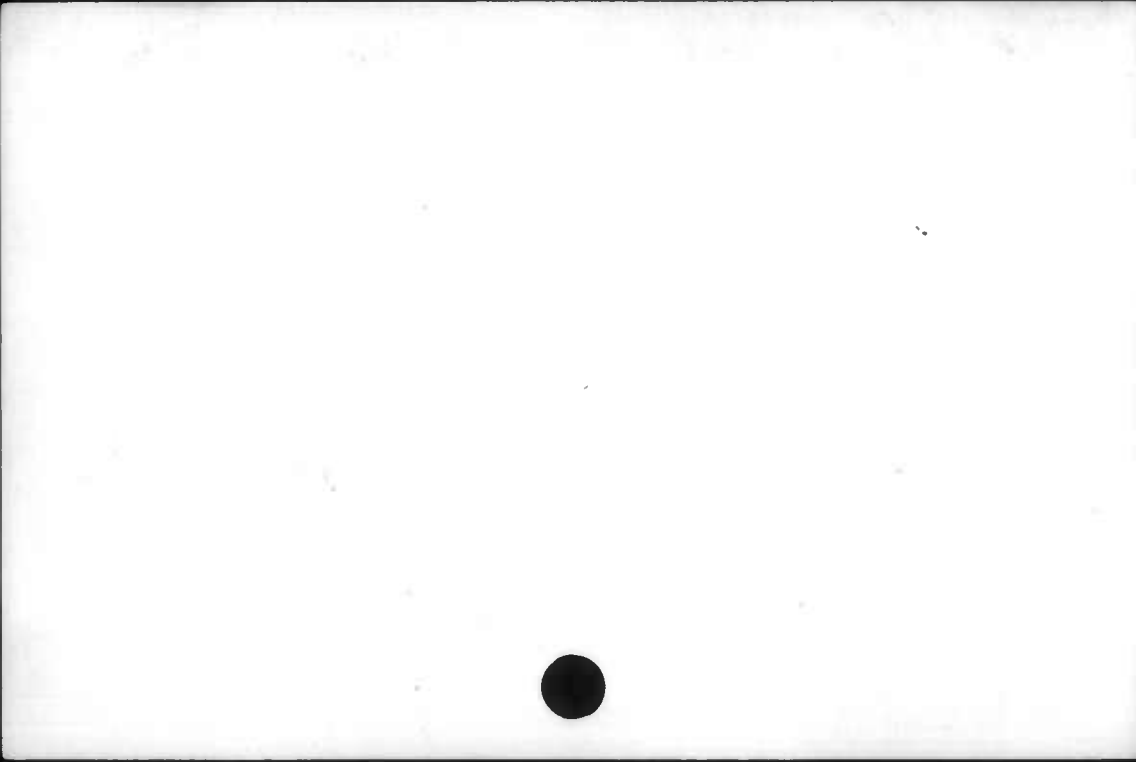
H E Clumson

Port Deposit
Md

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Name in Full		Town		County		CERTIFICATE OF DEATH	
Died at		Pasant Hill		Cecil		LAND	
Date of death		1940	Month 1	Day 17	Age 72	Years	Months
Sex		Male		Color or Race		White	
Occupation		Farmer		Where Residing if not at place of death		Inland	
Married, Single or Widowed		Married		Name of Wife or Husband		Jane Mc Mahon	
Father's Name		Unknown		Father's Birthplace		Unknown	
Mother's Maiden Name		Unknown		Mother's Birthplace		Unknown	
Name of person giving Information		Wm J. Andrews		How related to deceased		Nephew	
CAUSES OF DEATH							
Primary		Inanition & Exhaustion				How long 179	
Immediate						How long 180	
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		James J. Jones	
Accident or Suicide				Address		Exton Ind	

198



Ruth McGuire

CERTIFICATE OF DEATH

MARYLAND

Died at Acker Town Cecil County
 Date of death 1960 Month Jan Day 10 Age — Years — Months — Days —
 Sex female Color or Race white Birthplace Acker Md
 Occupation — Where Residing if not at place of death —

Married, Single or Widowed Single Name of Wife or Husband —

Father's Name Howard McGuire

Father's Birthplace Cecil Co Md

Mother's Maiden Name Gane Watson

Mother's Birthplace " "

Name of person giving Information Howard McGuire

How related to deceased Father

CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Geo. M. Stamp
Perryville Md.

Accident or Suicide

PHYSICIAN
OR CORONER

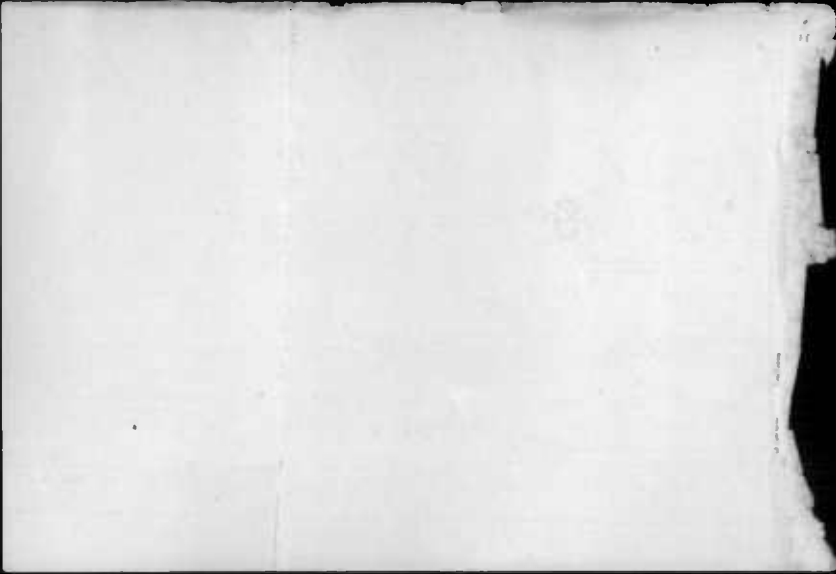
For No. 1000-1000
after 20 years of use

Si'ken Jan. 11th 1910

This is to certify that
Beulah M. Quinn, deceased
Birth, was free from any
contagious disease

Geo. W. Stinger, M.D.





Name
in
Full

Alford J. Mannon

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>M. Appleton</i>		County <i>Cecil</i>		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
19 <i>40</i>		<i>Jan</i>	<i>10</i>	<i>69</i>			
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth-place	<i>Delaware</i>
Occupation	<i>Farmer</i>			Where Residing if not at place of death			
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband	<i>Addie G. Mannon</i>			
Father's Name	<i>James Mannon</i>				Father's Birthplace	<i>Delaware</i>	
Mother's Maiden Name	<i>Elizabeth Walls</i>				Mother's Birthplace	<i>Delaware</i>	
Name of person giving information	<i>Addie G. Mannon</i>				How related to deceased	<i>Wife</i>	

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	<i>Bright's Disease</i>	How long	<i>120</i>
Immediate	<i>Heart Failure</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>Henry J. Mannon</i>
<i>X</i>		Address	<i>Newark Del.</i>
Accident or Suicide?			

260



TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

MARYLAND

Married, Single or Widowed _____ Name of Wife or Husband _____

Mother's Maiden Name Florence Leonard
Mother's Birthplace Cecil

Name of person giving Information	Farmen Jerris Mueller	How related to deceased
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CAUSES OF DEATH

150 ✓
How long

Primary Foramen Humeri not clear

Immediata

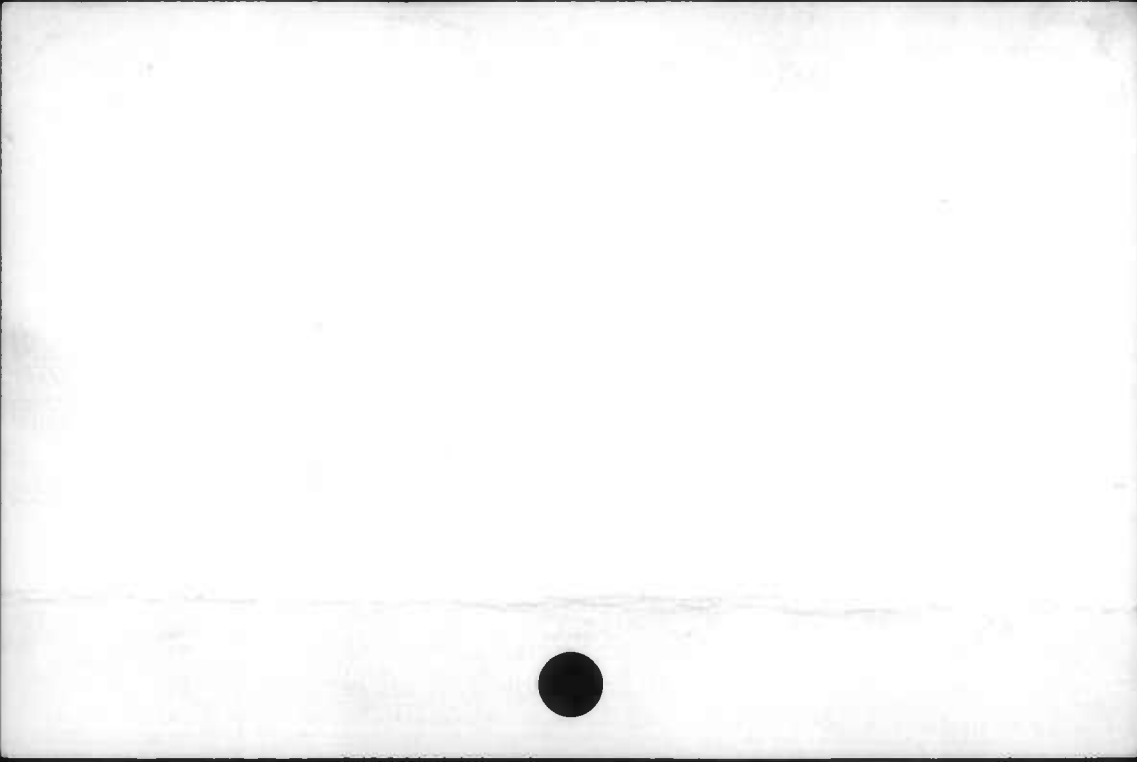
Are the name, age, sex, color, date and place correctly given above?

Signature of
Physician

Address

3 Accusations
H. E. M.

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Port Deposit</i>		Town <i>Port Deposit</i>		County <i>Cecil</i>		State <i>MARYLAND</i>	
Date of death <i>190</i>	Month <i>January</i>	Day <i>20th</i>	Age <i>63</i>	Years	Months <i>0</i>	Days <i>0</i>	
Sex <i>male</i>	Color or Race <i>White</i>	Birth-place <i>Ireland</i>					
Occupation <i>Laborer</i>	Where Residing if not at place of death <i>Port Deposit, Md.</i>						
Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>Bridget-Moran</i>						
Father's Name <i>unknown</i>	Father's Birthplace <i>unknown</i>						
Mother's Maiden Name <i>unknown</i>	Mother's Birthplace <i>unknown</i>						
Name of person giving Information <i>Bridget-Moran</i>	How related to deceased <i>Wife</i>						

CAUSES OF DEATH

Primary <i>Heart Disease</i>	How long <i>8 months</i>
Immediate <i>Paroxysm of Angina</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. E. Clum</i>
	Address <i>Port Deposit, Md.</i>
Accident or Suicide <input checked="" type="checkbox"/>	

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Name *John Joseph Paul* Town *Elkton* County *Cecil*

Died at *Elkton*

Date of death *1910 Jan 13* Month *Jan* Day *13* Age *28* Years *28* Months Days

Sex *Male* Color or Race *White* Birth-place *Chesapeake City Md*

Occupation *Shoemaker* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *Minnie Paul*

Father's Name *Michael Paul* Father's Birthplace *Germany*

Mother's Maiden Name *Felicitia Rohleder* Mother's Birthplace *"*

Name of person giving Information *Minnie Paul* How related to deceased *Wife*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Pulmonary Tuberculosis* How long *4 years*

Immediate *General Asthenia* How long *2 or 3 weeks*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Howard Bratten* Address *Elkton Md*

Accident or Suicide *No.*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Martha J. Porter* Town *Port Deposit* County *Cecil* MARYLAND

Died at *Port Deposit*

Date of death *1900* *10* Month *Jan* Day *31* Age *84* Years Months Days

Sex *female* Color or Race *white* Birth-place *Maryland*

Occupation *wife* Where Residing if not at place of death *Port Deposit*

Married, Single or Widowed *widow* Name of Wife or Husband *John M. Porter*

Father's Name *John R. Nesbitt* Father's Birthplace *Cecil Co*

Mother's Maiden Name *Jane Nesbitt* Mother's Birthplace *"*

Name of person giving Information *Mrs. Shode* How related to deceased *daughter*

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary *Hypertrophied & dilated heart*

Heart failure

Immediate *Had marked inter*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *J. H. Jack*

Address *Liberty Grove Md*

How long *179* years

How long *3 days*

Accident or Suicide

Name
in
Full

Thomas Sollars,

CERTIFICATE OF DEATH

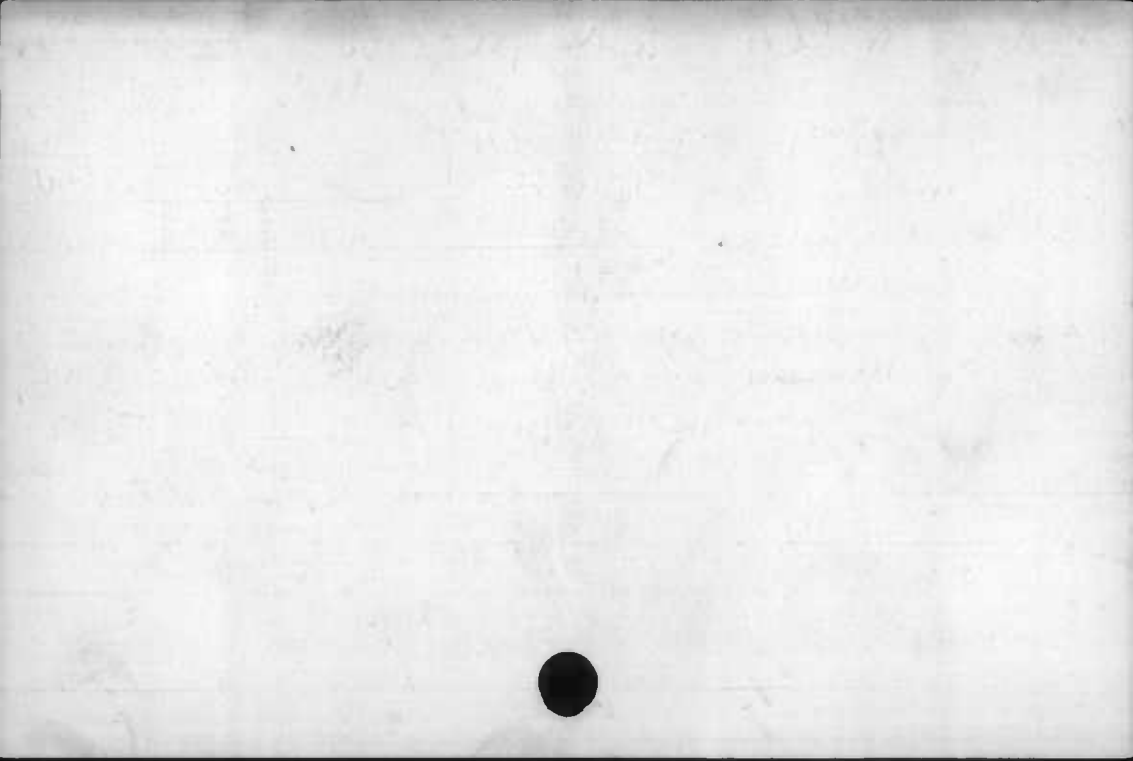
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Resurgnum</u> ^{Town}		<u>basel</u> ^{County}		MARYLAND	
Date <u>1910</u> ^{Month}	<u>Jan</u> ^{Day}	<u>24</u> ^{Age}	<u>70</u> ^{Years}	<u>—</u> ^{Months}	<u>—</u> ^{Days}
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Scotland</u>			
Occupation <u>Laborer.</u>		Where Residing if not at place of death			
Married, <u>Single</u> or <u>Widowed</u>	Name of Wife or Husband <u>Elyabeth Sollars</u>				
Father's Name <u>John Sollars.</u>			Father's Birthplace <u>Scotland</u>		
Mother's Maiden Name <u>Don't Know</u>			Mother's Birthplace <u>"</u>		
Name of person giving information <u>Elyabeth Sollars</u>			How related to deceased <u>wife</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>General Catarrh of Nosal Passage</u>	How long <u>20</u> ^{Years}
Immediate <u>Streptococcus Infection</u>	How long <u>First week</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>John H. Jameson</u>
	Address <u>Resurgnum</u>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

John Tasker

Town

County

Died at *near Leslie*

MARYLAND

Date

of death 1940 Jan

Month

Day

19

Age

Years

76

Months

Days

29

Sex

Male

Color or
Race

white

Birth-
place

Va

Occupation

Labor

Where Residing if not
at place of death

Leslie

Married, Single
or Widowed

Married

Name of Wife or
Husband

Josephine Tasker

Father's
Name

Not Known

Father's
Birthplace

Va

Mother's
Maiden Name

Not Known

Mother's
Birthplace

Not Known

Name of person giving
Information

Josephine Tasker

How related
to deceased

Wife

CAUSES OF DEATH

79

Primary

Heart-Disease

How long

Don't Know

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

L. F. Hamrick
North East
Md

Accident or Suicide

PHYSICIAN
OR CORONER

Butcher

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Ernest G Taylor

Died at ^{Town} *Blythedale* ^{County} *Cecil* **MARYLAND**

Date of death *1900* ^{Month} *1* ^{Day} *20* ^{Years} *29* ^{Months} *—* ^{Days} *—*

Sex *Male* Color or Race *White* Birth-place *Blythedale Ind*

Occupation *Farmer* Where Residing if not at place of death *—*

Married, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *William Taylor* Father's Birthplace *Blythedale Ind*

Mother's Maiden Name *Elenora Jackson* Mother's Birthplace *" "*

Name of person giving Information *Elenora Taylor* How related to deceased *brother*

CAUSES OF DEATH

119

Primary *Acute Nephritis* How long *2 weeks*

Immediate *Uremic Convulsions* How long *—*

Are the name, age, sex, color, date and place correctly given above?

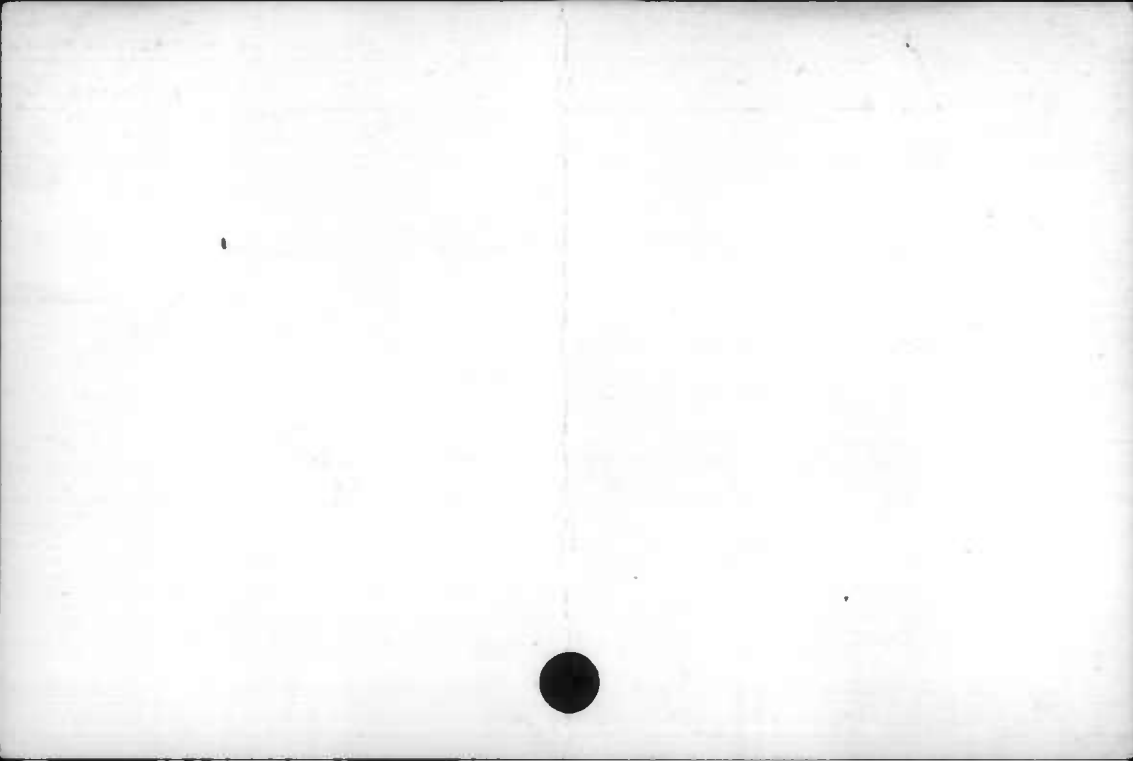
Signature of Physician

Address

Dr. Wm. Henry
Perryville Md.

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

Died at

Lydia Ann Terrell

Town

Elkton

County

Cecil

MARYLAND

Date

of death 1940

Month

1

Day

30

Years

Age

91

Months

Days

Sex

Female

Color or
Race

White

Birth-
place

Md

Occupation

Housewife

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Lydia Ann Terrell

Father's
Name

John McCauley

Father's
Birthplace

Md

Mother's
Maiden Name

Elizabeth McCauley

Mother's
Birthplace

Md

Name of person giving
Information

Married Terrell

How related
to deceased

Daughter

CAUSES OF DEATH

Primary

Acute Bronchitis -

How long

5 days

Immediate

Oedema of Lungs

How long

10 hours or less

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

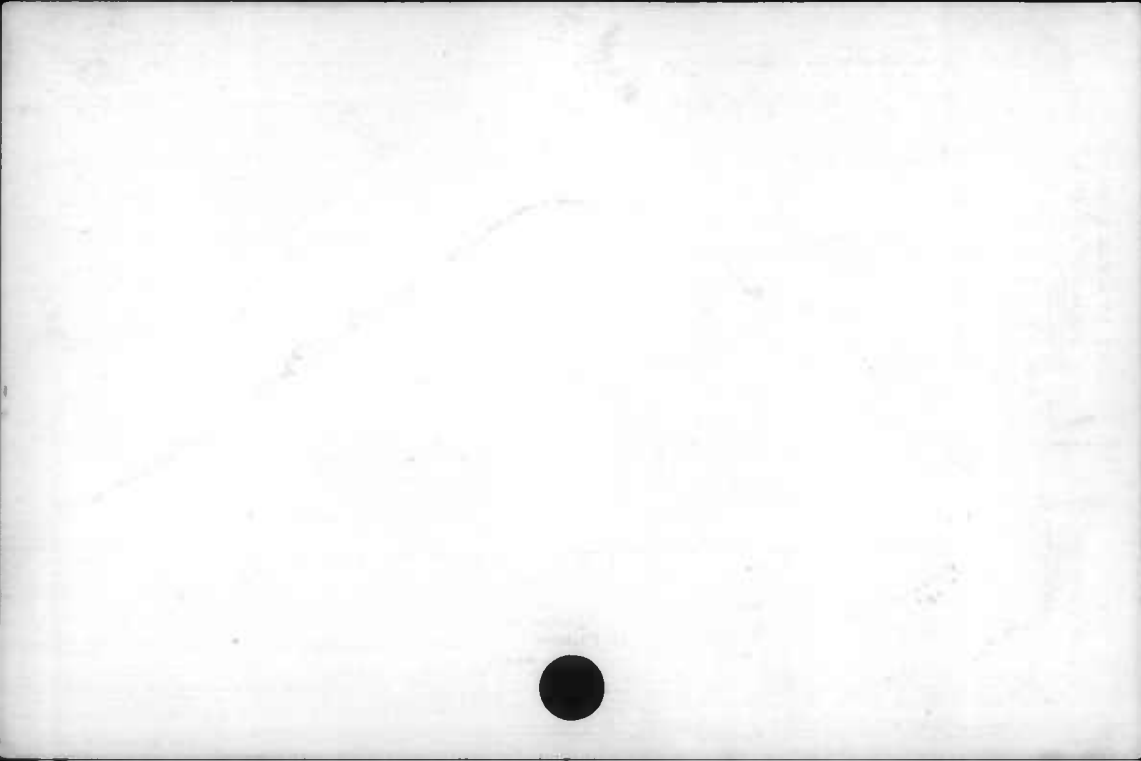
Howard Boulton

Address

Elkton Md

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Margaret Waitel

Town

County

Died at

Park Defruit -

Cecil

MARYLAND

Date

of death

1980

Month

1

Day

17

Age

Years

78

Months

9

Days

Sex

Female

Color or
Race

White

Birth-
place

Germany

Occupation

Housekeeping

Where Residing if not
at place of deathMarried, Single
or Widowed

Widowed

Name of Wife or
Husband

George Waitel

Father's
Name

Unknown

Father's
Birthplace

Germany

Mother's
Maiden Name

"

Mother's
Birthplace

Germany

Name of person giving
Information

Harry Waitel

How related
to deceased

Son

CAUSES OF DEATH

Primary

Pneumonia

How long

6 days

Immediate

How long

—

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

S. G. Fisher

Address

Park Defruit, Ind.

PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

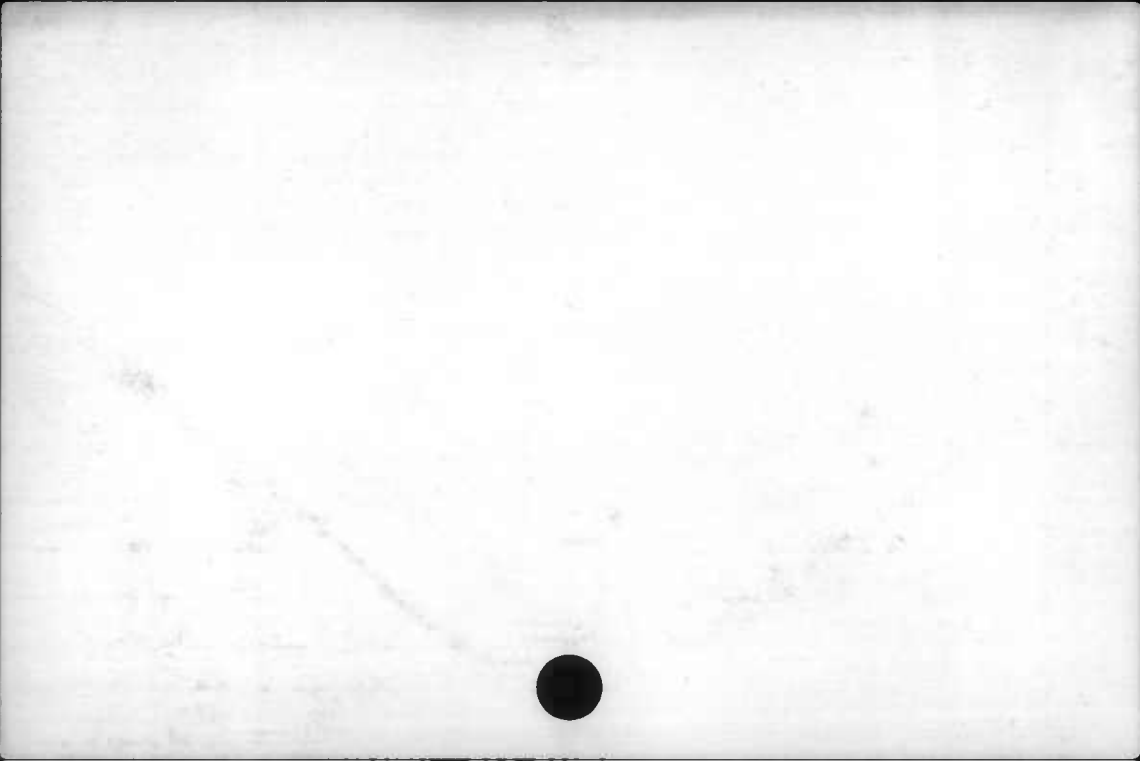
Name *George H. Billis* Town *Belton* County *ccawl*
Died at *Belton*
Date of death 19*70* Month *1* Day *31* Age *78* Years Months Days
Sex *male* Color or Race *White* Birthplace *Ind*
Occupation *Carpenter* Where Residing if not at place of death
Married, Single or Widowed *Widower* Name of Wife or Husband *No Impression*
Father's Name *John T. Billis* Father's Birthplace *Ind*
Mother's Maiden Name *Rebecca Bilgore* Mother's Birthplace *Ind*
Name of person giving Information *Maggie Powell* How related to deceased *Daughter*

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary *Cerebral Hemorrhage* How long *36 hours*
Immediate *Exhaustion* How long *36 hours*
Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *Howard Branton*
Address *Elkton Md*
Accident or Suicide



Name
in
Full

Emmilla Wilson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

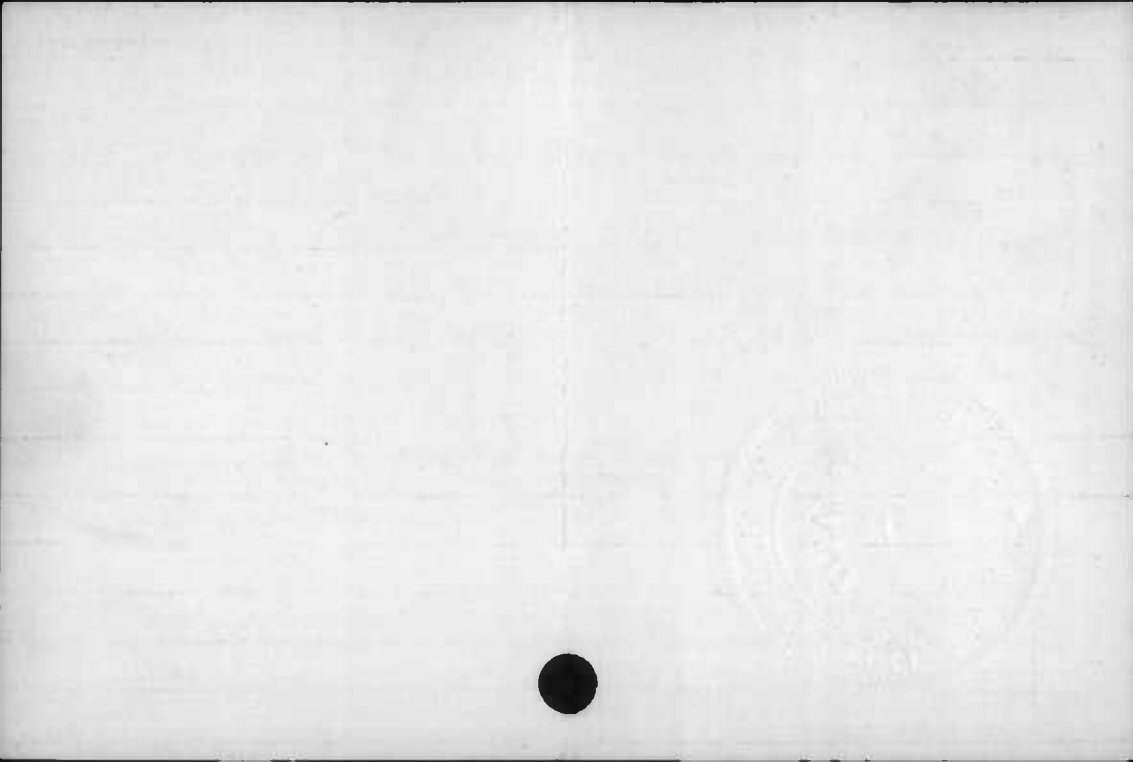
Died at <i>Cecil</i> ^{Town}		County <i>Cecil</i>		MARYLAND	
Date of death	1910	Month	1	Day	28
Age		Years		Months	Days
6		-		-	
Sex	<i>Female</i>		Color or Race	<i>Black</i>	
Birth-place	<i>Elkton Md</i>				
Occupation	<i>-</i>		Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>			Name of Wife or Husband <i>-</i>		
Father's Name	<i>Wm D. Wilson</i>			Father's Birthplace	<i>Cecil Co Md</i>
Mother's Maiden Name	<i>Emma Jane Reed</i>			Mother's Birthplace	<i>Cecil Co Md</i>
Name of person giving information	<i>Wm D Wilson</i>			How related to deceased	<i>Father</i>

CAUSES OF DEATH

8 V

PHYSICIAN
OR CORONER

Primary	<i>Whooping Cough</i>	How long	<i>2 months</i>
immediate	<i>Cerebral Pneumonia</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Sub Registrar</i>	
		Address <i>J H Black</i>	
		<i>Cecilston Md</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Maggie Wilson</i>		Town <i>Chesapeake City</i>		County <i>Cecil</i>		MARYLAND	
Died at		Month <i>1</i>		Day <i>1</i>		Years <i>40</i>	
Date of death <i>1960</i>		Age <i>40</i>		Months <i>~</i>		Days <i>~</i>	
Sex <i>Female</i>		Color or Race <i>Caucasian</i>		Birth-place <i>Delaware</i>			
Occupation <i>Wife</i>		Where Residing if not at place of death <i>-</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Houston Wilson</i>					
Father's Name <i>Reuben Roy</i>		Father's Birthplace <i>Delaware</i>					
Mother's Maiden Name <i>Annie Washington</i>		Mother's Birthplace <i>Pennsylvania</i>					
Name of person giving Information <i>Annie Roy</i>		How related to deceased <i>Mother</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia Lobar</i>	How long <i>93</i> <i>V</i>
Immediate <i>Heart Failure</i>	How long <i>7 Hrs</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. J. Conner MD</i>
Accident or Suicide	Address <i>Chesapeake City Maryland</i>



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIENDName *Jane J. Young*
Died at *Near Fredericktown* *Cecil* CountyDate of death *1961* *10* / *1* / *18* Age *59* Months *—* Days *—*Sex *Female* Color or Race *Black* Birthplace *Cecil Co. Md*Occupation *House work* Where Residing if not at place of death *—*Married, Single or Widowed *Widowed* Name of ~~Wife or~~ Husband *Sidney E. Young*Father's Name *Lorenzo Dimpson* Father's Birthplace *Cecil Co. Md*Mother's Maiden Name *Elizabeth Reed* Mother's Birthplace *Kent Co. Ind.*Name of person giving Information *Martha E. Francis* How related to deceased *Sister*

CAUSES OF DEATH

Primary *Cerebral Hemorrhage* How long *62 Hours*Immediate *—*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *E. M. Crawford*Address *Balltown Md*PHYSICIAN
OR CORONER

Accident or Suicide

